

Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
Fax: (617) 727-1258

Timothy P. Cahill
Treasurer and Receiver General

Eddie J. Jenkins
Chairman

2005
APPLICATION FOR A STORAGE PERMIT
(M.G.L. Chapter 138, Section 20)

LICENSEE NAME: _____

The undersigned, being the holder of a _____ License No. _____
hereby applies for a permit to store alcoholic beverages.

ADDRESS OF PREMISES: (State every entrance and exit to the particular premises to be covered by the permit,
including cellar bulkheads.)

.....
ADDRESS

.....
ZIP CODE

.....
DETAILED DESCRIPTION OF THE PREMISES TO BE USED FOR STORAGE: (State number of rooms on
each floor, number of entrances and exits.)

.....
Is the premises located within 500 feet of a school or building devoted to divine worship such as a church or
synagogue? YES _____ NO _____.
(If yes, state information accurately and in full detail.)

.....
Have you registered with the Food and Drug Administration?.....
Date of Registration:.....

FDA REGISTRATION NO.

THE ABOVE STATEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY.

SignatureDate:

Position/Title

Telephone Number

(Under the provisions of Section 20, of Chapter 138 of the General Laws, as amended, there shall not be granted to any
Manufacturer, Farmer-Winery, Farmer-Brewery or Wholesaler and Importer, in the aggregate, more than three
Storage permits in the Commonwealth, not more than one such permit in any city or town.)

Pursuant to M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number

Signature of Individual Date

Federal Identification Number

Signature of Corporate Officer Date

PERMIT FEE: \$2,000.00

(Payable to the Commonwealth of Massachusetts)

Check

Money Order.....

MONETARY TRANSMITTAL

THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER
TO ASSURE PROPER CREDIT.

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

<u>LICENSE</u> <u>NAME</u>	<u>REV.</u> <u>CODE</u>	# OF PERMITS, LICENSES, CERTIFICATES <u>REQUESTED</u>	<u>FEE</u> <u>AMOUNT</u>	<u>TOTAL</u>
COMMERCIAL ALCOHOL	3008	_____	\$ 500.00	\$ _____
MANUFACTURERS, ALC. BEV.	3005	_____	\$ 9000.00	\$ _____
FARMER WINERY	3005	_____	\$22.00 - \$110.00	\$ _____
FARMER BREWERY	3005	_____	\$22.00 - \$110.00	\$ _____
PUB BREWERS	3005	_____	\$ 1000.00	\$ _____
MANUFACTURERS, WINE & MALT	3005	_____	\$ 4500.00	\$ _____
WHOLESALE ALL AB	3006	_____	\$ 10000.00	\$ _____
WHOLESALE WM	3006	_____	\$ 5000.00	\$ _____
WHOLESALE SAC	3006	_____	\$ 3000.00	\$ _____
SALESMAN	3011	_____	\$ 200.00	\$ _____
TRANSP. FOR SALESMAN	3097	_____	\$ 150.00	\$ _____
STORAGE	3095	_____	\$ 2000.00	\$ _____
TRANSPORTATION & DELIVERY	3097	_____	\$ 150.00	\$ _____
CERTIFICATE OF COMPLIANCE				
2.17 REGISTRATION	3095	_____	\$ 1000.00	\$ _____
			CHECK TOTAL	\$ _____